

REVIEWS OF BOOKS.

A MANUAL OF SURGERY. In Treatises by Various Authors. In three volumes edited by FREDERICK TREVES, F.R.C.S., Surgeon to and Lecturer on Anatomy at the London Hospital. Vol. I., General Surgical Affections, The Blood-vessels, The Nerves, The Skin. Vol. II., The Thorax, The Organs of Digestion, The Genito-Urinary Organs. Vol. III., The Organs of Locomotion and of Special Sense, The Respiratory Passages, The Head, The Spine. Duodecimos, 1866 pages, 213 engravings. Per volume, cloth, \$2. Philadelphia, Lea Brothers & Co., 1886.

It would be not only a pleasing but a profitable task to carefully review in detail the three handsome and shapely volumes issued by Mr. Treves and his collaborators. Without more time and space than can be allotted in these pages such an attempt would be both inadequate and invidious. The justice of this remark will be apparent when one reflects that the work contains no less than fifty-nine articles by thirty-three different writers, and that each article is a model of conciseness and brevity. To select a few from these for especial commendation would be not only a distasteful but a difficult undertaking, in view of the high standard of merit to which each attains.

The hand of Mr. Treves is evident throughout the work, in the choice, arrangement and logical sequence of the subjects selected for presentation. It is still more evident, if we mistake not, in the traces of vigorous and relentless pruning which appear from time to time in turning its pages. It must not be inferred from the stress laid upon this characteristic of conciseness, that any given subject is slurred over or imperfectly represented. This would be an incorrect impression. Every topic so far as observed is treated with a fulness of essential detail, which is somewhat surprising in view of the necessary limitations of space. This end is attained by a strenuous effort to express ideas in the fewest possible words, by the exclusion of polemic writing, by a systematic classification of each subject, and by the use of small but clear and readable type. It is also apparent that with a few exceptions little room can be allotted to the thousand and one details of treatment. Such details belong to larger and more exhaustive special treatises.

tises. The principles and main lines of surgical therapeutics, however, are amply noted and enforced. The illustrations are comparatively few in number, but well chosen.

Another characteristic of the work is the well-nigh universal acceptance of modern and progressive views of pathology and treatment. This is seen especially in those portions treating of surgical tuberculosis, diseases of lymphatics, diseases of bone, and the treatment of wounds. As regards the latter, antiseptic theories and practice seem to be fully accepted. It is curious to observe in this connection that some of the authors represented still cling to the use of carbolic oil, and the antiseptic spray, both of which have been discarded by many operators as futile, and therefore mischievous in giving a false sense of security. It would also seem that the complicated and cumbersome gauze dressings, recommended in one at least of the articles, could be replaced with advantage by the more easily prepared and adjusted pads of absorbent material. The article on anæsthesia contains a useful list of conditions in which ether should and should not be used. No mention is made of Esmarch's wire frame for giving chloroform, which, in the writer's experience, is safer and by far more convenient than the use of a folded napkin.

The arguments for the use of Clover's and similar apparatus for giving chloroform and ether do not seem to counterbalance the great defect of such appliances. This defect consists in the fact that during their employment the effects of poisoning by rebreathed air are super-added to the narcosis from the anæsthetic.

The binding is well done, loose backs being employed so that the volumes lie open easily and are convenient to handle. Some errors of proof-reading exist, but none that cannot be readily corrected by the context. Cross references are inserted with sufficient frequency and discrimination to bind the different articles into an organic whole.

The entire work is conceived and executed in a scientific spirit. It is conservative without bigotry, and contains the bone and marrow of modern surgery. Doubtless some imperfections may be discovered on close examination, but taking the manual in its entirety, it unquestionably fills a place in the surgeon's library which would otherwise be untenanted.

G. R. BUTLER.

THE SCIENCE AND PRACTICE OF SURGERY. By FREDERICK JAMES GANT, F.R.C.S. Third edition. London, Bailliere, Tyndall & Cox, 1886.

The present year has been rich in the production of large text books

on surgery, and encyclopedias and dictionaries. The third edition of Mr. Gant's work is to some extent a joint production, for we find several well known names attached to the more special subjects. Still the work is mainly Mr. Gant's for more than 2,000 pages are by him while the other contributors occupy about 240 pages. That his work has been appreciated by the public is evidenced by this being the third edition, and in the present issue we find considerable additions both to the text and to the engravings.

There is, and has always been, a special feature in this work, that it is not like most modern works upon the subject, which are noticeable for their conciseness, and err rather upon the side of abruptness. In this work there is an opposite tendency, and the author appears to be talking to you with plenty of time at his and the hearer's disposal. There is sometimes a charm in this, but it no doubt makes it of less value to the student whose time is only too short. But the practitioner who has the time will find the information given in a pleasant and generally in a clearly expressed form. Authorities are fully given and it is refreshing to find the old masters so freely quoted.

But in considering a modern text book on surgery, or one which claims to hold such a position, it is necessary to have more than a readable book. Surgery has no doubt made considerable advances in modern times, and these advances must be carefully borne in mind. Moreover, the explanations of pathological and physiological processes are subject to considerable modification from time to time. And we look to see how these matters have been treated. Here we find that the author has not been unsuccessful, and especially with the advances in surgery proper. Clear accounts are given of recent operative improvements, and the illustrations are certainly good, while the references to other works will be valuable to the reader. Where the author can refer to cases under his own care they are mentioned, but do not occupy too much space—sometimes, indeed, not fully enough or clearly enough, perhaps.

An endeavor has been made to interest the reader in the pathological aspects of surgery, but we cannot help feeling that it is with inferences and opinions that the work is dealing rather than with facts, and in the general diseases we do not find that what is known of the pathology is clearly described or the more recent observations always taken notice of.

The chapter on Pyæmia is thus not up to date, and the relation of this disease to organisms is not described, nor of septicæmia to the ptomaines, and yet the space given to its consideration is more than

enough to make one expect a full account of what is known. The account of Tetanus in the same way is wordy. That of hydrophobia seems not well arranged, and no mention is made of Pasteur's observations, but this may be accounted for by their being chiefly published very recently—perhaps since the type of this work was set up. We do not think the author wise in approving of delay in the treatment of cases of bites by possibly rabid dogs, nor do we think that excision when he recommends would be likely to be efficacious. Much that we have looked at in this work is extremely good, but the fault is wordiness, and this will make it less useful than it might be. The woodcuts, numerous as they are, and often very good and original, are wanting in clearness to the reader because they have no description attached to them.

W. W. WAGSTAFFE.

A GUIDE TO THE EXAMINATION OF THE NOSE WITH REMARKS ON THE DIAGNOSIS OF DISEASES OF THE NASAL CAVITIES. By E. CRESSWELL BABER, M.B., London.

This little work is certainly a most excellent and concise guide for those who wish to make themselves conversant with the various methods employed for the exploration of the nasal cavities.

The description of the anatomy of the interior of the nose and nasopharynx is the most complete of any we have seen in the English language, and will be found of value not only to the beginner, but also to those who are experts in rhinoscopy.

The opening chapter deals with the anatomy and physiology of the nasal fossæ. Two excellent illustrations, after Zuckerkandl, of vertical transverse sections through the anterior and posterior thirds of the nasal cavities greatly assist the reader to grasp the details which are needful to all who wish to make the nose a special study.

Attention is drawn to the tuberculum septi, first described by Morgagni and which has been recently figured by Zuckerkandl. This elevation of the mucous membrane of the septum due to an accumulation of glandular elements, lies opposite to the anterior end of each middle turbinated bone, and may be said to roughly mark the limits of the superior or olfactory region of the nose from the inferior or respiratory. As the author justly says, it plays an important part in the examination of the nares from the front, and he has certainly done well in insisting on the importance of this structure, and he is so far as we are aware, the first English writer who has done so.

The physiology of the nose is dealt with in a few pages. A distinc-

tion is made between the taste of substances appreciated by the tongue and their smell when in the mouth perceived by the olfactory nerve.

The somewhat conflicting opinions held as to the effect of the nasal cavities on the voice are alluded to. That they have a very important effect on the volume of sound admits of no doubt, and anyone can easily demonstrate this for himself by suddenly compressing his nose while sounding a note when the diminution in volume becomes very evident.

The symptoms of nasal disease are treated of in chapter ii, and the general practitioner will get some useful hints from the concise descriptions given.

Much attention has been paid by rhinologists during the last few years to various reflex phenomena such as attacks of asthma, spasmodic cough, migraine, etc., which are, according to Hack and other continental observers, at times connected with the presence of nasal polypi or hypertrophy of the inferior turbinated body. Dr. Baber adds some interesting instances of such cases, from his personal experience, in an appendix. There is no doubt that such cases do occur, but we would add as a word of caution, that we fear too much has been made of them as regards frequency, and as a result many unnecessary operations have been performed.

A few pages are devoted to the physical examination of the nose, and there is a good sketch of the typical physiognomy presented by a child suffering from nasal obstruction.

Dr. Baber calls attention to the value of sunlight in examining the nose, and prefers it to any other in the elucidation of difficult cases. He is also in favor of Trouve's Electric Photophore as being less cumbersome and expensive than the oxyhydrogen light. Trouve's apparatus gives a light of about ten candle power, whilst the oxyhydrogen light is considerably over five hundred, and we cannot but think that in its present form it is far preferable to the photophore, although a little more costly, and it compensates the surgeon for the trouble of manufacturing oxygen, which, however, in large towns can be often obtained in the compressed form.

Beginners will find much assistance from some diagrams which show in a very clear manner the different parts of the nasal cavities brought into view by bending the head of the patient backwards or forwards, and the sketches showing what is usually seen on looking into the nose from the front are also of value.

Clear instructions are given how best to perform anterior and posterior Rhinoscopy.

We agree with the author in preferring the simplest of appliances in examining the posterior nares, and believe with him that palate hooks and other like instruments of torture are hardly ever necessary. There are wood-cuts representing the best forms of nasal instruments, as well as some, such as "Zaufal's Tubes," which are painful to use and of very little advantage.

A short chapter on palpation of the post-nasal space, and another on the diagnosis of the commoner diseases of the nose are both useful. Anyone who follows out the very elaborate outline for a nasal examination suggested by Dr. Baber will certainly not be likely to fall into errors of omission.

In conclusion we know of no book which in a small number of pages gives such admirably clear and concise instructions on all the essential points connected with the examination of the nose.

MANUEL DE TECHNIQUE DES AUTOPSIES. Par BOURNEVILLE and P. BRICON. 1885. Paris. Librairie du Progrès Medical. (Handbook of Post-Mortem Examinations).

This is a useful little book which deals with the subject of which it treats in a thoroughly practical manner. The first part discusses briefly the various conditions under which post-mortem work is legally conducted in France, and by way of comparison, in other countries. Under the heading of Edinburgh the authors state "that post-mortems are generally opposed by Catholics, but this opposition can be set aside by the priest at the instance of the physician." Again it would appear that post-mortems upon Jews are prohibited in Paris, owing to the bodies being claimed by the Jewish consistory, a condition of things which the authors state is perfectly unjustifiable. The second part of the book describes the practical details of post-mortem work, and concludes with an exceedingly useful chapter upon the means to be adopted for preserving pathological specimens for the museum. As in most French works upon technical subjects, so in this, a careful and exhaustive bibliographical index is added.

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RUMFORD CHEMICAL WORKS,

Providence, R. I.

BEWARE OF IMITATIONS.

In writing please mention this journal.

Now it was not at the outset that the wounded were numerous enough to cause an utter break-down of all transport arrangements. During the first half of this short war of hard fighting the Bulgars were able, to a large extent, to remove those of their wounded who escaped capture, as they were continually falling back on their base in Sofia.

The transport of the wounded was accomplished by the few ambulances, but especially by the country carts, rough, long, narrow, open vehicles drawn by oxen, entirely without springs and with merely some brushwood or straw in them to lessen the jarring. However short the distance, therefore, the time between the "first aid dressing," which was rarely an antiseptic one, and that at the hospital, was necessarily very long.

Fortunately the weather was not very trying and the men were not worn out by long marches and privations.

At the middle of the campaign with the Servians at Slivnitza came a pause, all the capital was in a panic, but there were volunteers who helped to form hospitals—twenty-six in all—ambulances and a nursing staff. After the defeat of the Servians at Slivnitza there was good provision for the reception of wounded. Those already fit for transfer were sent home, or where there were either temporary or permanent hospitals. After the severe fighting following Slivnitza those beasts previously spared to the Army Medical Department were withdrawn, as the army simply pressed forward by forced marches fighting more or less all day. Each day added its complement of wounded to the rapidly increasing total, which formed at the time Pirot was reached at least 5,000. All that could be done was done, but skilled medical assistance was absent, or only represented by a few Bulgarian doctors who had probably never done an operation since they quitted the universities, and were only too ready to cloak their timidity and ignorance under the disguise of conservative surgery.

After the last fight at Pirot a new and serious complication arose in the camps, for typhoid and dysentery appeared. Before, however, many had succumbed to these diseases, the weather changed suddenly to bitter cold with a temperature as low as 27° Fahr, which seemed to check them.

The troops who were on the mountains were mostly without great coats and hundreds perished from cold. The wounded, with short rations, were still worse off, as they had only the open wagons to convey them back to the base. All up the Dragoman Pass the wounded were exposed to all the variations of the weather. Often at night they were not able to reach a shelter. Their limbs on splints were numbed for want of movement. They suffered terribly from the cold, and the number of frost-bites was enormous. It was no uncommon sight to see on removal of the dressings that the whole limb was gangrenous, such cases being, of course, most fatal. With the first frost came a heavy fall of snow, which necessitated all the wagons being put on runners. This rendered the inconvenience less, as the wagons traveled more easily.

The total distance from front to rear was about 90 kilometres, a journey of about twelve hours posting, but which occupied even as long as four days by these wagons which were thus obliged to spend from one to three nights on the road, and the accommodation at the rest stations was not one hundredth part enough. At the midway halting place, for instance at the top of the Dragoman Pass, not more than ten beds were to be got, and the demand for men at the front left no means of enlarging these buildings. At all of them there was a doctor, who did what he could for those requiring his assistance, although at one station I went over, the doctor in charge had only two instruments, a pair of tooth forceps and a scalpel.

Now at the end of November, however, relief was at hand. The German, Austrian, Hungarian, English and Roumanian Red Cross Societies sent out their ambulances all provided with surgeons, assistants, nurses and equipments.

The Austrian and Hungarian ambulances had most excellent wagons, and brought their own horses. They were thus able to set to work at once. They divided the work between them in such a way that the Austrian wagons, which were constructed for the conveyance of wounded on more or less level ground, took that portion commencing at the summit of the Dragoman Pass, the Hungarian wagons being of lighter build, and on very strong springs, doing that to which their ambulances were more suited, *i. e.*, the mountain roads and passes

from Pirot to Dragoman. Now there was no longer necessity for increased accommodation. The journey took from 24 to 36 hours under these more favorable circumstances, thereby greatly diminishing both the mortality and suffering.

Early in December the Red Cross surgeons were working hard, having completed their arrangements; most of the cases had been in hospital some weeks by this time, and much valuable time has been absorbed in rendering the various hospitals less septic.

When operating commenced it was found that the patients would as often as not refuse permission to the surgeon to amputate, whereon the surgeons went to the council for help. A law was passed to suit the case, which said that if three medical men agreed that it was necessary for a patient to undergo a capital operation, and refused his consent, that the operation might be done without or rather against his consent.

With regard to the temporary hospitals there is really but little to say, as they were all large, fairly well ventilated, public buildings, and with the exception of the water supply and drainage were as good as could be expected. The cold rendered an important service in preventing any decomposition in those things capable of putrefaction left about by the Bulgars, who have not much idea of cleanliness.

Overcrowding in hospitals, except at the front and at short intervals, was not common, and often then on account of the laziness of the chief of the hospital. In my hospital of 60 beds the assistance in the nursing line was fairly typical of what one would expect of untrained though kind women; they attempted what they were asked, but without intelligence or understanding the reason of what they did.

Pyemia and its allied diseases were, so far as I could learn, rare. This may have been from the fact that the more weakly and worse injured died en route. Still blue pus and foul smelling wounds were the rule when I started work.

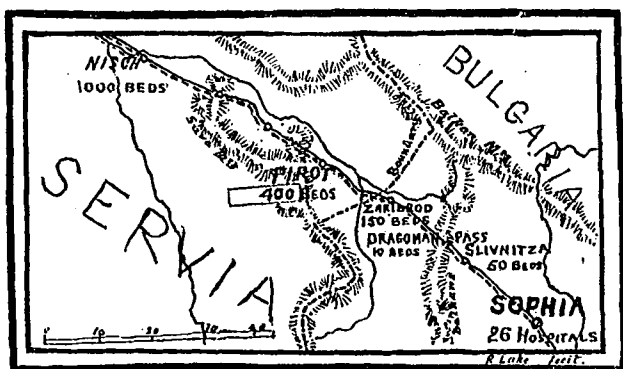
There was scarcely a single primary operation of any magnitude done during the campaign, only a few minor primary being done at all.

SERVIA.

On account of the reverses they had suffered the Servians refused permission to the Red Cross surgeons to go beyond Belgrade, effectually preventing any knowledge of the real state of the wounded at the front and at Nisch. There is good reason to believe the state of affairs was worse even than in Bulgaria, during and after the battles of Slivnitza, Dragoman and Pirot.

Here, however, the Red Cross was earlier on the field, on account of the greater facilities of getting to Servia; an Austrian train belonging to and worked by the Knights of Malta under Baron Mundi came also at this time.

MAP OF THE SEAT OF WAR.



Showing Hospital Accommodations.

This train is constructed on the most improved and perfect system of railway ambulances. Capable of being run on all continental lines, as the gauge is everywhere similar. It was complete in all its minutest details, and by aid of ordinary carriages they conveyed as many as 300 wounded, who were supplied with three cooked meals a day, that being about the time occupied by the journey from Nisch to Belgrade.

The train consisted of wagons to carry the wounded, each with its heating apparatus, and also kitchen wagons, a store wagon and a dispensary.

The medical men in charge of the train found a large number of wounded with a ligature round the wounded limb, no other means having been tried to stop the hæmorrhage, and this had often been on for days. It was often too late to save the limb when they came under his care. The hospitals and the hospital organizations were good; for many reasons better than at Sofia, for the town itself was larger and the war had never been so close. Therefore more time was available, and the public buildings and schools were often larger and more suitable than those at Sofia. There was also a very useful supplement to the nursing department in the form of a staff of dressers. It consisted of two parts, one of a certain number of medical students and the other of school boys. This was a very great improvement on the Bulgarian dressers. Amongst the Servian wounded it was most noticeable that a large percentage were wounded in a peculiar way. It is a well-known fact that when hand wounds occur behind entrenchments the left hand, and especially the index finger and thumb of that hand, suffer most frequently. These men were shot so that the bullet wounded the index finger on the right hand (the trigger finger) or passed between it and the next, or through the palm. This was the class of wounded most frequently attacked by tetanus. I had two cases; one was rapidly fatal, but the other recovered without any operative treatment. Prof. Mosetig treated his cases by amputation above the joint on the proximal side of the lesion and stretched all nerve trunks. He also treated three cases of traumatic aneurism most successfully, one subclavian and one brachial, by incision of the sac and evacuation of its contents, and then plugging the sac by iodoform tampons, which were allowed to separate of themselves, in no case was any ligature applied to the main trunk.